spsim BERN 2019
11. – 13. SEPTEMBER

Evaluation of an interprofessional procedure improvement in obstetrics: get the baby out fast

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At our local hospital with aprox. 1100 deliveries/year, we recognized the importance to prevent asphyxiation of newborns by improving our decision-delivery time (D-D time) in the scenario of emergency C-sections.

Learning from relevant literature, an interprofessional simulation protocol was instituted including midwives, anaesthesiologists, obstetricians, operating room and neonatology/pediatric personel, doctors as well as nurses from each specialty working together during routine cesarean sections.

A new telephone procedure/alarm system was installed to call simultaneously all necessary personel at T-dn = decision time (T-dy = delivery time).

Simulations of the fast-track C-section protocol were conducted using a "simulated pregnant woman" (usually one of our doctors or midwives in-training) especially to test, and train for, fast transport from the delivery room (3rd floor) to the operating room (floor -1). The simulations were announced to the team involved no longer than a few hours beforehand on the day of the simuation, in order not to obstruct the usual busy operating suites which could be halted during an emergency C-section.

An evaluation form comprising a Likert-skale questionnaire was designed to monitor impressions of every team member after each simulation event, which has taken place 9 x (once per month) thus far, to pin down and abort obstacles, and demonstrate improvement after each simulation event.

At the time of the conference, evaluation data on 10-12 simulation events can be shown, step-by step commentaries from team members will be quoted which helped in optimization. An improvement of decision-delivery time can be demonstrated; and a few data on our reality emergency C sections can be used to validate the necessity and success of the implementation of the new protocol, using interprofessional pre-implementation simulations.